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| 5 | INITED STATES | DISTRICT COURT | |
| 6 | UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON | | |
| 7 | AT SEATTLE | | |
| 8 | ARTHUR DELISLE, | | |
| 9 | Plaintiff | , NO. 2:17-CV-00905-RSL | |
| 10 | v. | AMENDED COMPLAINT FOR | |
| 11 | UNITED STATES OF AMERICA, | PERSONAL INJURIES AND DAMAGES | |
| 12 | Defendant | | |
| 13 | | | |
| 14 | COME NOW the Plaintiff, Arthur Delisle, by and through his attorney of record, | | |
| 15 | Sok-Khieng K. Lim of Davies Pearson, P.C., and allege as follows: | | |
| 16 | I. INTRODUCTION | | |
| 17 | 1.1 This is an action against the Defendant United State of America under the | | |
| 18 | Federal Tort Claims Act, (28 U.S.C. §2671, et seq.) and 28 U.S.C. §1346(b)(1), for | | |
| 19 | negligence and professional malpractice in connection with medical care provided to | | |
| 20 | Plaintiff Arthur Delisle at the Seattle Veterans Affairs Medical Center. | | |
| 21 | 1.2 The claims herein are brought against the Defendant pursuant to the | | |
| 22 | | | |
| 23 | AMENDED COMPLAINTE COD DEDCOM | I BIHIDIEO | |
| 24 | AMENDED COMPLAINT FOR PERSONAL INJURIES AND DAMAGES 2:17-cv-00905-RSL Page 1 of 9 DAVIES PEARSON, P.C. ATTORNEYS AT LAW 920 FAWCETT P.O. BOX 1657 TACOMA, WASHINGTON 98401 | | |
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| 26 | kb s:\2xxxx\23xxx\237xx\23700\1\pleadings\amended complaint.docx | TELEPHONE (253) 620-1500 TOLL-FREE (800) 439-1112 FAX (253) 572-3052 | |

| | *************************************** | | |
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| 1 | Federal Tort Claims Act (28 U.S.C. §2671, et seq.) and 28 U.S.C. §1346(b)(1), for | | |
| 2 | money damages as compensation for personal injuries caused by the Defendant's | | |
| 3 | negligence. | | |
| 4 | 1.3 Plaintiff has fully complied with the provisions of 28 U.S.C. §2675 of | | |
| 5 | the Federal Tort Claims Act. Standard Form 95 attached as Exhibit 1. | | |
| 6 | 1.4 | This suit has been timely filed, in that Plaintif | f has timely served notice of |
| 7 | their claim on both the Department of Veterans Affairs and the United States Departmen | | |
| 8 | of Justice less than two years aft the incident forming the basis of this suit. | | |
| 9 | 1.5 | Plaintiff is now filing this Complaint pursuant | t to 28 U.S.C. §2401(b) after |
| 10 | receiving the Department of Veterans Affairs' February 6, 2017 notice of "final denial" | | |
| 11 | of Plaintiff's claim. Administrative Tort Claim Denial Letter attached as Exhibit 2. | | |
| 12 | | | |
| 13 | II. <u>PARTIES, JURISDICTION AND VENUE</u> | | |
| 14 | 2.1 | Plaintiff Arthur Delisle, at all times relevant h | ereto, is a resident of Pierce |
| 15 | County, Wa | shington. | |
| 16 | 2.2 | Defendant United States of America, through | its agency, the Department |
| 17 | of Veterans Affairs, operates the Veterans Affairs Medical Center located at 1660 S. | | enter located at 1660 S. |
| 18 | | | |
| 19 | Columbian Way, Seattle, WA 98108. | | |
| 20 | 2.3 | Defendant United States of America, includin | g its directors, officers, |
| 21 | operators, administrators, employees, agents, and staff at the Seattle Veterans Affairs | | |
| 22 | Medical Center are hereinafter collectively referred to as "Seattle VA Medical Center." | | |
| 23 | AMENDED COMPLAINT FOR PERSONAL INJURIES AND DAMAGES 2:17-cv-00905-RSL Page 2 of 9 TACOMA, WASHINGTON 98401 TELEPHONE (253) 620-1500 | | |
| 24 | | | |
| 25 | | | 920 FAWCETT P.O. BOX 1657 TACOMA, WASHINGTON 98401 |
| 26 | | | TOLL-FREE (800) 439-1112 |

FAX (253) 572-3052

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recommended that no intervention for the coronary stent be performed and made the decision to leave the displaced cardiac stent lodged within the wall Plaintiff's right common femoral artery.

- Over the next few months, Plaintiff continued to have on-going 3.3 radiculopathy symptoms and pain shooting from his groin into his right leg and foot. Plaintiff continued to follow-up at the Seattle VA Medical Center for on-going groin and right leg pain, but nothing was initially done to help relieve Plaintiff's on-going pain complaints.
- 3.4 On or about October 8, 2014, Plaintiff sought emergency care treatment at St. Francis Hospital in Federal Way, Washington for chest pain and groin pain. X-rays were taken which revealed the cardiac stent that was lodged into the right common femoral artery to be the source of Plaintiff's groin pain. Plaintiff then followed up with physicians at Seattle VA Medical Center who recommended that Plaintiff have surgery to remove the cardiac stent from his groin as the cardiac stent had pierced into the wall of the artery.
- 3.5 On or about October 27, 2014, the cardiac stent that was left in Plaintiff's right common femoral artery was removed and portions of Plaintiff's right common femoral artery had to be repaired as the cardiac stent had lodged itself to the wall of the artery.

AMENDED COMPLAINT FOR PERSONAL INJURIES AND DAMAGES 2:17-cv-00905-RSL Page 4 of 9

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| 1 | 3.6 Since the initial surgery of July 30, 2014, Plaintiff continues to have on- | | |
| 2 | going right leg pain and has never been the same due to a permanent nerve injury. | | |
| 3 | 3.7 Plaintiff, Arthur Delisle, sustained nerve damage/injury to his righ | | |
| 4 | common femoral artery from a cardiac artery stent placement performed by physicians | | |
| 5 | employed by and/or agents of the Seattle VA Medical Center | | |
| 6 | | | |
| 7 | 3.8 As a result of the Defendant's breaches of the standard of care, Plaintif | | |
| 8 | suffered significant injuries and required surgery and on-going medical care to treat said | | |
| 9 | injuries. | | |
| 10 | IV. <u>CAUSES OF ACTION</u> | | |
| 11 | COUNT I – NEGLIGENCE | | |
| 12 | 4.1 Plaintiff reallege and reincorporate each and every allegation above as if | | |
| 13 | | | |
| 14 | fully set forth herein. | | |
| 15 | 4.2 The Defendant had a duty to provide quality care, and to exercise a | | |
| 16 | standard of care and skill required of health care providers, consistent with the expertise | | |
| 17 | that the Defendant presented to the community at large. | | |
| 18 | 4.3 The Defendant breached its duty of care to Mr. Delisle. | | |
| 19 | 4.4 At all times relevant to this Complaint, the Defendant had a duty to hire | | |
| 20 | | | |
| 21 | competent operators, administrators, employees, agents and staff in order to meet its | | |
| 22 | standards of quality care of its patients, including Mr. Delisle. The Defendant knew, or | | |
| 23 | AN CENTRED CONTROL AND DED CONTACT DATABASES | | |
| 24 | AMENDED COMPLAINT FOR PERSONAL INJURIES AND DAMAGES DAVIES PEARSON, P.C. | | |
| 25 | 2:17-cv-00905-RSL ATTORNEYS AT LAW 920 FAWCETT P.O. BOX 1657 TACOMA, WASHINGTON 98401 TELEPHONE (253) 620-1500 | | |
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should have known, that the medical staff of the facility was not properly trained, and/or supervised, in a manner necessary to provide a level of care for Mr. Delisle that met all applicable legal requirements; that demonstrated the standard and degree of care and skill required of competent health care providers; and was consistent with the expertise that the Defendant presented to the community at large.

- 4.5 The Defendant breached its duty by negligently hiring incompetent, inexperienced and/or unqualified operators, administrators, employee, agents and staff.
- 4.6 The Defendant had a duty to retain only competent and adequately trained operators, administrators, employees, agents and staff in order to meet its standards of quality of care of its patients, including Mr. Delisle.
- 4.7 The Defendant breached its duty by negligently retaining incompetent, inexperienced, unqualified and/or inadequately trained operators, administrators, employees, agents and staff.
- 4.8 Defendant also failed to obtain proper consent to allow a displaced cardiac stent that was lodged into the right common femoral artery to be left in place right after surgery instead of immediately removing said foreign object before it punctured into the artery causing permanent nerve damage.

COUNT II - VICARIOUS LIABILITY, RESPONDEAT SUPERIOR, OSTENSIBLE AGENCY AND/OR AGENCY

4.9 Plaintiff reallege and reincorporate each and every allegation above as if

AMENDED COMPLAINT FOR PERSONAL INJURIES AND DAMAGES 2:17-cv-00905-RSL

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TOLL-FREE (800) 439-1112 FAX (253) 572-3052

FAX (253) 572-3052

CERTIFICATE OF SERVICE 1 Pursuant to the United States District Court Electronic Case Filing rules, the 2 undersigned certifies under penalty of perjury under the laws of the State of Washington, that on the 2 Zndday of Aug 3 2017, the foregoing document was presented to the Clerk of the Court for filing and uploading to the United States District 4 Court Western District of Washington Electronic Case Filing system. In accordance with the Court's rules, the Clerk of the Court will send electronic 5 notification of such filing to the following person(s): 6 Counsel for Defendant: 7 Tricia Boerger 8 Assistant US Attorney United State Attorney's Office 9 700 Stewart St., #5220 10 Seattle, WA 98101-1271 11 Emails: 12 Tricia.boerger@usdoj.gov; julene.delo@usdoj.gov; eli.quintana@usdoj.gov 13 DATED this 22 day of _ 14 15 DAVIES PEARSON, P.C. 16 17 18 19 20 21 22 23 AMENDED COMPLAINT FOR PERSONAL INJURIES 24 AND DAMAGES DAVIES PEARSON, P.C. ATTORNEYS AT LAW 2:17-cv-00905-RSL 25 920 FAWCETT -- P.O. BOX 1657 Page 9 of 9 TACOMA, WASHINGTON 98401 TELEPHONE (253) 620-1500 kb s:\2xxxx\23xxx\237xx\23700\1\pleadings\amended complaint.docx 26 TOLL-FREE (800) 439-1112 FAX (253) 572-3052

EXHIBIT 1

| | | 2 | | | |
|---|---|---|---|---------------------------------------|---|
| | R DAMAGE, DR DEATH | reverse side and supp | Please read carefully . ly information requested on neet(s) if necessary. See re | both sides of this | FORM APPROVED OMB NO. 1105-0008 |
| Submit to Appropriate Federal Agency: | | | 2. Name, address of claimar (See instructions on rever | | |
| VA Hospital c/o Office of General Counsel Pacific North Suzanne Willis, Attorney | | acific North Division, | (See Instructions on reverse). Number, Street, City, State and Zip code. Arthur J. Delisle c/o Law Office of Terry E. Lumsden 3517 6th Avenue, Suite 200 Tacoma, WA 98406 | | |
| 3. TYPE OF EMPLOYMENT | 4. DATE OF BIRTH | 5. MARITAL STATUS | 6. DATE AND DAY OF ACC | IDENT | 7. TIME (A.M. OR P.M.) |
| MILITARY CIVILI 8. BASIS OF CLAIM (State in de | 1.0011001 | Married | July 30, 2014 | Wednesday | A.M. |
| A coronary stent was of the wall of the artery of the logical person of the injured person of | PERTY, NATURE AND EXTENT ENT OF EACH INJURY OR CADECEDENT. | PROPERTY D NT (Number, Street, City, State F OF THE DAMAGE AND THE PERSONAL INJURY/WI | e damage, AMAGE e, and Zip Code). E LOCATION OF WHERE THE RONGFUL DEATH RMS THE BASIS OF THE CLA | PROPERTY MAY BE II | NSPECTED. |
| | | WITHER | | | 11 |
| 11, | 2445 | WITNESS | | City Chate and Tie Co | |
| MPI SIN SIN SIN SIN SIN SIN SIN SIN SIN SI | AME | | ADDRESS (Number, Street | , City, State, and Zip Co | 100) |
| Michael S Jill Marie S | | | | | |
| 12. (See instructions on reverse) | | AMOUNT OF CLAIR | W (in dollars) | | |
| 12a. PROPERTY DAMAGE | 12b. PERSONAL INJUR | 12c. W | RONGFUL DEATH | 12d. TOTAL (Failu forfeiture of ye | re to specify may cause our rights). |
| N/A | 1,000,000 (One | 2 Million NA | | 1,000,000 (| One Million |
| I CERTIFY THAT THE AMOUNT FULL SATISFACTION AND FIN | | | USED BY THE INCIDENT ABO | OVE AND AGREE TO A | CCEPT SAID AMOUNT IN |
| 13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). | | | 13b, PHONE NUMBER OF I | PERSON SIGNING FOR | RM 14. DATE OF SIGNATURE |
| Call the | | | 253-861- | -5925 | 03/09/2016 |
| CIV | IL PENALTY FOR PRESENTIN FRAUDULENT CLAIM | G | CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS | | |
| The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages suslained by the Government. (See 31 U.S.C. 3729). | | | Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.) | | |

| INSURANCE | COVERAGE | | |
|--|--|--|--|
| In order that subrogation claims may be adjudicated, it is essential that the claimant provide | the following information regarding the insurance coverage of the vehicle or property. | | |
| 15. Do you carry accident Insurance? Yes If yes, give name and address of insurance. | ance company (Number, Street, City, State, and Zip Code) and policy number. 🔀 No | | |
| N/A | | | |
| 14/A | | | |
| | | | |
| 16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full cov | erage or deductible? Yes X No 17. If deductible, state amount. | | |
| NIA | | | |
| N/A | N/A | | |
| 18. If a claim has been filed with your carrier, what action has your insurer taken or propose | | | |
| N/A | , | | |
| | | | |
| | | | |
| | | | |
| 19. Do you carry public liability and property damage insurance? Yes If yes, give no | ame and address of Insurance carrier (Number, Street, City, State, and Zip Code). X No | | |
| N/A | | | |
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| INSTRU | ICTIONS | | |
| Claims presented under the Federal Tort Claims Act should be su | bmitted directly to the "appropriate Federal agency" whose | | |
| employee(s) was involved in the incident. If the incident involves | more than one claimant, each claimant should submit a separate | | |
| claim form. | | | |
| Complete all items - Insert the | e word NONE where applicable. | | |
| A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL | DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. | | |
| REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN | THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN | | |
| NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY | TWO YEARS AFTER THE CLAIM ACCRUES. | | |
| Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim | The amount claimed should be substantiated by competent evidence as follows: | | |
| is deemed presented when it is received by the appropriate agency, not when it is mailed. | (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the | | |
| · · | nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, | | |
| If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the | hospital, or burial expenses actually incurred. | | |
| Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14, Many agencies have published supplementing regulations. If more than one agency is | (b) In support of claims for damage to property, which has been or can be economically | | |
| involved, please state each agency. | repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed | | |
| The claim may be filled by a duly authorized agent or other legal representative, provided | receipts evidencing payment. | | |
| evidence satisfactory to the Government is submitted with the claim establishing express | (c) In support of claims for damage to property which is not economically repairable, or if | | |
| authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or | the property is lost or destroyed, the claimant should submit statements as to the original | | |
| tegal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant | cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, | | |
| as agent, executor, administrator, parent, guardian or other representative. | preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct. | | |
| If claimant intends to file for both personal injury and property damage, the amount for | | | |
| each must be shown in item number 12 of this form. | (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights. | | |
| PRIVACY A | ACT NOTICE | | |
| This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and B. Principal Purpose: The information requested is to be used in evaluating claims. | | | |
| concerns the information requested in the letter to which this Notice is attached. A. Authority: The requested information is solicited pursuant to one or more of the submitting this form for this information. | | | |
| following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. | D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the | | |

PAPERWORK REDUCTION ACT NOTICE

This notice is <u>solety</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

requested information or to execute the form may render your claim "invalid."

EXHIBIT 2



DEPARTMENT OF VETERANS AFFAIRS RECEIVED

Chief Counsel, Pacific District North t, Blas.
CA 94121
9-2288
0-2255

In Reply Refer to: PDN - GCLAND #280311

FEB 09 2017

TERRY OF TOE OF TUMBORN 4150 Clement Street, Bldg. 210 San Francisco, CA 94121 Tel (415) 750-2288 Fax (415) 750-2255

VIA Certified Mail, Return Receipt Requested

February 6, 2017

Mr. Terry E. Lumsden 3517 6th Avenue, #200 Tacoma, WA 98406

Re:

Administrative Tort Claim

Dear Mr. Lumsden:

The Department of Veterans Affairs (VA) has thoroughly investigated the facts and circumstances surrounding the administrative tort claim filed by Arthur Delisle, your client. Our adjudication of Mr. Delisle's claim included a review of his medical records, a review of his claim by medical reviewers in a different part of the country, and interviews of medical personnel.

The Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b) and 2671-2680, under which Mr. Delisle filed his claim, provides for monetary compensation when a Government employee, acting within the scope of employment, injures another by a negligent or wrongful act or omission. Medical negligence means there was a breach in the standard of care and that breach proximately caused an injury. The standard of care is the level at which similarly qualified medical professionals would have managed the care under the same or similar circumstances.

Our review concluded that there was no negligent or wrongful act on the part of an employee of the Department of Veterans Affairs (VA) acting within the scope of employment that caused Mr. Delisle compensable harm. Accordingly, we deny his claim.

If Mr. Delisle is dissatisfied with this decision, he may file a request for reconsideration of his claim with the VA Office of General Counsel by either of the following means:

- (1) by mail to the Department of Veterans Affairs, General Counsel (021B), 810 Vermont Avenue, N.W., Washington, DC 20420; or
- (2) by data facsimile (fax) to (202) 273-6385.

To be timely, VA must receive this request within six months of the mailing of this final denial. The VA has six months to act on the reconsideration request. After that time, Mr. Delisle has the option of filing suit in an appropriate U.S. District Court under 28 U.S.C. § 2675(a). 28 C.F.R. § 14.9.

In the alternative, if Mr. Delisle is dissatisfied with the denial of his claim, he may file suit directly under the FTCA, 28 U.S.C. §§ 1346(b) and 2671-2680. The FTCA provides that when an agency denies an administrative tort claim, the claimant may seek judicial relief in a Federal district court. The claimant must initiate the suit within six months of the mailing of this notice as shown by the date of this denial (28 U.S.C. § 2401(b)). In any lawsuit, the proper party defendant is the United States, not the Department of Veterans Affairs.

Sincerely,

Kristen A. Nelson for

SUZANNE C. WILL Chief Counsel